

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974; see Privacy Act Statement on Reverse before completing this form.		ENTER CHARGE NUMBER FEPA ■ EEOC 470-2008-01168
Indiana civil rights commission and EEOC (State or Local Agency, if any)		
NAME (Indicate Mr., Ms., or Mrs.) Mrs. Peggy Cutter		HOME TELEPHONE NO. (Area Code) (317) 507-9282
STREET ADDRESS 13837 Waterway Blvd.	CITY, STATE AND ZIP CODE Fortville, Indiana 46040	COUNTY Madison
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)		
NAME Snyder's of Hanover, Inc.	NO. OF EMPLOYEES/MEMBERS 500+	TELEPHONE NO. (Area Code) (717) 632-4477
STREET ADDRESS 1250 York Street P.O. Box 6917	CITY, STATE AND ZIP CODE Hanover, PA 17331	
NAME (Signature)	TELEPHONE NO. (Area Code)	
STREET ADDRESS (Signature)	CITY, STATE AND ZIP CODE	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) RACE COLOR <input checked="" type="checkbox"/> SEX RELIGION NATIONAL ORIGIN <input checked="" type="checkbox"/> AGE RETALIATION PREGNANCY <input checked="" type="checkbox"/> DISABILITY <input checked="" type="checkbox"/> OTHER: Sex plus age		DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (Month, day, year) July 17, 2007
THE PARTICULARS ARE (If additional space is needed, attached extra sheet(s)): <p>My date of birth is [REDACTED] I was hired by Snyder's of Hanover (Snyder's) in or around October of 2004 and worked as the National Account Manager for the Central Region. In January 2007, I started reporting to Tom Nannarone, the Director of Sale for the Wal-Mart and Sam's Club account. In or around November or December 2006 I began experiencing problems with my left foot. By May 2007 I was required to wear a cast to immobilize my left foot and I had work-related restrictions. I kept my employer notified about my foot and medical restrictions. Despite Mr. Nannarone's knowledge of my restrictions and discussing my restrictions with the Benefits Administrator, he came to Indianapolis on July 16th and requested to tour three stores, which was inconsistent with my restrictions because touring the stores involved a lot of walking. My foot was still wrapped at the time of the tours. By the third store I ended up sitting on a bench at the front of the store with my left foot in pain as well as pain in my right foot. On July 17th I went to the hotel to get Mr. Nannarone and drive him to the airport. Mr. Nannarone asked to speak with me prior to leaving the hotel. He told me that that "we need to part ways" and that the company culture was changing, that I lacked the drive and fire to accomplish what Snyder's needed and several times he stated that "we need someone who is mobile." I have been unable to return to work since July 16 as a result of the physical injury that I suffered from touring the stores.</p> <p>I believe that Snyder's of Hanover has discriminated against me because of my sex (female), my age and my sex plus my age in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Age Discrimination in Employment Act. I also believe that I have been discriminated against in violation of the Americans with Disabilities Act.</p> <p>I am represented in connection with this charge by Kimberly D. Jeselskis with MACEY SWANSON and ALLMAN, 445 North Pennsylvania, Suite 401, Indianapolis, IN 46204; phone: (317) 637-2345, kjeselskis@maceylaw.com</p>		
<input checked="" type="checkbox"/> I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
NOTARY: JACQUELINE MILNER CLERK PUBLIC STATE OF INDIANA HENDRICKS COUNTY MY COMMISSION EXP. AUG. 6, 2010		SIGNATURE OF COMPLAINANT: (Signature) SUBSCRIBED AND SWORN TO BEFORE ME (Signature)

EXHIBIT

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